

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
740-63 (LAM)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"METHOD AND ARRANGEMENT FOR CONTROLLING FACILITIES AND/OR PROCESSES ADDITIONALLY USING MOBILE COMMUNICATIONS"

the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).☒ was filed as PCT international application
Number PCT/DE00/01557
on 18 May 2000
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefit under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Germany	199 22 667.9	18 May 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/DE00/01557	18 May 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

BMJM

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U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Combined Declaration for Patent Application - Power of Attorney (Continued) <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY'S DOCKET NUMBER 740-63	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (MARK ONE)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
DE/00/01557	18 May 2000				
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. <i>(List name and registration no.)</i> LAWRENCE A. MAXHAM, REG. NO. 24,483					
SEND CORRESPONDENCE TO: LAWRENCE A. MAXHAM, REG. NO. 24,483 THE MAXHAM FIRM 750 "B" STREET, SUITE 3100, SAN DIEGO, CALIFORNIA 92101, U.S.A.)			DIRECT TELEPHONE CALLS TO: Lawrence A. Maxham Telephone No. (619) 233-9004		
201	FULL NAME OF INVENTOR	FAMILY NAME BRUNE	FIRST GIVEN NAME PETER	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY MECKENHEIM	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Noldestrasse 56	CITY D-53340 Meckenheim	STATE & ZIP CODE/COUNTRY GERMANY	
202	FULL NAME OF INVENTOR	FAMILY NAME LJUNGSTRÖM	FIRST GIVEN NAME PATRIK	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY KÖNIGSWINTER	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP SWEDEN	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Fronhof 11	CITY D-53639 Königswinter	STATE & ZIP CODE/COUNTRY GERMANY	
203	FULL NAME OF INVENTOR	FAMILY NAME FEUSER	FIRST GIVEN NAME ULRIKE	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY BONN	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Rheinallee 25	CITY D-53173 Bonn	STATE & ZIP CODE/COUNTRY GERMANY	
<u>X</u> ADDITIONAL INVENTOR INFORMATION ATTACHED I hereby declare that all statements made herein are of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE:		DATE:		DATE::	

ADDITIONAL INVENTOR INFORMATION				ATTORNEY'S DOCKET NUMBER 0740-63
204	FULL NAME OF INVENTOR	FAMILY NAME MICHEL	FIRST GIVEN NAME UWE	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY BAD HONNEF	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Lohmarstrasse 10	CITY D-53604 Bad Honnef	STATE & ZIP CODE/COUNTRY GERMANY
205	FULL NAME OF INVENTOR	FAMILY NAME MOHRS	FIRST GIVEN NAME WALTER	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY BONN	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Rosenhain 3	CITY D-53123 Bonn	STATE & ZIP CODE/COUNTRY Germany
206	FULL NAME OF INVENTOR	FAMILY NAME PTACEK	FIRST GIVEN NAME WOLFGANG	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY BAD HONNEF	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Gerhard-Dahm-Strasse 5b	CITY D-53604 Bad Honnef	STATE & ZIP CODE/COUNTRY GERMANY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206
DATE:		DATE:		DATE:
SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 208		SIGNATURE OF INVENTOR 209
DATE:		DATE:		DATE: